## SERIAL NO. FILING DATE MULTIPLE DEPE ENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 4, 34: TOTAL TOTAL TOTAL DEP. TOTAL DEP.

TOTAL

TOTAL

PTO-1360 (3-78)